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ABSTRACT

The manual offers guidance in coping with the major transitions commonly encountered by persons with disabilities. Seven life/education transitions are identified: (1) the environment of services for a child from birth to age 3; (2) the first preschool program for children aged 3 and 4; (3) movement of the disabled child into kindergarten at age 5; (4) placement in an elementary school program at age 6; (5) transition of the child into middle schoool; (6) movement to high school; and (7) the transition from school to work for the adult. A hypothetical case study of a multiply disabled child illustrates the guidelines. Chapters I and II are addressed to parents, cover the first five stages, and include check lists and examples of problems that need advocacy (e.g., lack of school integration). Chapters III and IV are addressed to the student and/or adult with a disability. Check lists for students, parents, school personnel, and vocational rehabilitation personnel are provided as are sample problems requiring advocacy (e.g., lack of school to work transition planning). Appendixes include steps in developing an Individual Family Service Plan, forms, and a glossary of terms. A bibliography of 54 items is also included. (DB)

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Transitioning Manual for Parents Regular and Special Educators Vocational Counselors Students and Adults with Disabilities

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Self Advocacy is "Running Risks, Challenging Rules, Acquiring Resources"

R. Varela

This Manual is dedicated to Joan Curtiss, Leslie Martin, and Rosalie, with much thanks.

Written by:
Kirk MacGugan, Ed.D.
1988/89

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PREFACE

Transition, change, or movement is a way of life for all of us. However, if you are a person with a disability, a parent of a child with a disability, or a service provider for persons with disabilities, movement from one environment to another cannot be taken for granted and requires careful consideration and planning. This manual is intended to help with transition planning. For a child born with a disability, the manual envisions six life/education transitions: the environment of services for a child with a disability from birth to age 3, the first preschool program for children with disabilities who are 3 and 4 years old, the movement of a child with a disability to kindergarten at age 5, the placement of a child with a disability in an elementary school program at age 6, the transition of a child with a disability into Middle School, and the movement to high school for a student with a disability. The transition from school to work for an adult with a disability is briefly discussed as a potential seventh life transition.

Within these six transitions, a child or a student with a disability may experience other changes. Children and students with disabilities are moved around within Special Education; they are moved back and forth between Special Education and Regular Education. They are moved from one program in one part of town to another program in a different part of town. Also children with disabilities face the risk and reality of temporary hospitalization or institutionalization. Therefore, they may have to plan movement out of an institution and back to home or school. Some children with disabilities <u>live</u> in institutions and their transition into noninstitutional environments needs to be planned carefully and deliberately.

Chapters I and II of this manual are addressed specifically to parents who have children with disabilities, and those who work with them. No two disabilities are alike and parents' experiences with their children will vary. But, transition steps and processes described in the manual represent the potential range of planning in which parents can involve themselves. Chapters III and IV are addressed to the student and/or the adult with a disability. These two chapters include check lists for parents and service providers, but this part of the manual focuses on encouraging planning and decision-making by the student/adult with the disability. Also Chapter III, specifically, concentrates on transition planning in high school aimed at preparing for and acquiring work (a job) before or upon graduation. There is an assumption built into this chapter that transitoning skills related to academic preparation, school program, and plant accessibility have been acquired by parents and students with disabilities prior to the high school years.

The words that are underlined throughout the text can be found in the Glossary at the end of the manual where they will be defined or discussed further. All transitions in the text are concluded with a specific born example of a ficticious child, Rosalie, who at the beginning of the manual lives and grows through each transition from birth to graduation from high school.

Finally, the reader or user of this manual should keep in mind that children, students, and adults discussed represent a broad range of disabilities. For example, a child, student, or adult with a disability can be physically disabled, have a head injury, or mental illness, or be developmentally disabled. Also, there are a a variety of physical

and/or multiple disabilities that can be thought of when visualizing the individuals with disabilities who can access and benefit from the transitioning sequences described in the manual.

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Introduction

More than ten years have passed since the passage and implementation of PL 94-142, the Education for All Handicapped Children Act. Great debate accompanied the details of making this law, and its idea of "mainstreaming" students with disabilities into integrated classroom settings, a practical reality. PL 94-142 was an historical and challenging piece of legislation. It made public a difficult lesson for American society - that persons with disabilities are a minority (10% of the total population) and that the majority, who at times disregards the rights of the minority, had been doing just that in public education. The specific form of mistreatment reflected a relationship to children with disabilities that the U.S. Supreme Court had ruled unconstitutional for Black children in 1954 in Brown v. the Board of Education: separate but equal is not equal.

PL 94-142 discouraged segregation of students with disabilities in public education and forced a change in attitude toward persons with disabilities at the same time. First, no longer would it be "normal" to perceive persons with disabilities as separate or less qualified to participate in the mainstream of American life. And, second, one was "handicapped" not by physical or mental disability, but because of an inaccessible or segregated environment. PL 94-142 dictated equal treament of the minority by the majority and was supported by the belief that integration with accomodation will produce equal opportunity.

However, the long range intent of the law has not been fulfilled. Despite changes in special education, young adults with disabilities on completion of their education are typically employed in sheltered workshops or adult service centers, or unemployed at rates similar to

those of a decade ago. "The Harris Poll, 1983, provided some alarming insights into the lives of people with disabilities, not the least of which is that fully two thirds of all Americans with disabilities between the ages of 16 and 64 are not working. Moreover, only one in four works full-time, and another 10% work part-time." (Transition Summary #4, 1987, National Information Center for Children and Youth with Handicaps, p.2).

Experts seem to be in agreement on what has not gone right with mainstreaming efforts under PL 94-142 over the past decade and what needs to be corrected: children with disabilities were being inappropriately moved or "transitioned" from one educational setting to another. Often they were abruptly transitioned. Or, they were transitioned without adequate foresight and planning to their future employment potential. Particularly was this a problem in post secondary school to work transition. Students with disabilities "aged out" of required educational services at age 22 and remained isolated and out of sight and mind in day service centers and sheltered workshops, or were unemployed and at home. Therefore, since 1984, transition planning has received greater attention.

Also, experts agree that planning for school to work transitioning must begin early, at least in middle school if not before. More and more professionals are suggesting that planning for this transition should be experientially based. Rather than providing behavioral training based on a variety of pre-vocational skills assessments, students with disabilities should be placed in a job, and then trained in that job's tasks before they leave school. This experiential approach is entirely different from the "assess, train, place model" used in rehabilitation and special education. In fact, it turns upside

down the traditional "continuum of services" rehabilitation model. Instead of being assessed, trained, and placed in jobs, persons with disabilities are encouraged to "choose, get and keep" competitive employment before they graduate from high school.

This manual is intended to promote careful transition planning throughout the educational careers of persons with disabilities in the hope that this will help them achieve productive independence.

Chapter I

Public Education In Transition

Transition (change, movement) can be seen as threatening or challenging. For parents who have children with disabilities, or who have "children with challenges," it would be helpful to see transition as a way of problem solving.

The intent of the law (P.L. 94-142, Education For All Handicapped Children) to provide equal educational opportunity for all children and adolescents, including those residing in institutions, must be claimed by parents. And, the extension of that law in PL 99 457, which provides for educational services to infants and toddlers with disabilities from birth through five years of age, needs to be understood and its mandate for early intervention services demanded by parents. Public education in this country is in transition. Parents who have children with disabilities have an opportunity to influence their education by becoming involved in this first transition process. PL 99-457 is in a planning stage but already requires certain activities that parents should take advantage of. For example, it establishes timelines for developing services for infants and preschool children, asserts the use of multidisciplinary treatment of children, emphasizes the need for family intervention, and mandates interagency planning and problem solving for this unique population.

The Governor of the State of New Mexico has assigned the Health and Environment Department (HED) as the "lead agency" for the overall administration of an infants and toddlers program. A state plan for service delivery for PL 99-457 must be developed which contains procedures that ensure comprehensive, coordinated, multidisciplinary,

interagency efforts. Presently, in New Mexico, there have already been some service models funded through incentive grants for early intervention services from the Developmental Disabilities Bureau.

At the heart of the new infant and toddler program (PL 99-457) is the development of an Individual Family Service Plan (IFSP). PL 99-457 focuses on the parent and the family as well as the child with a disability. A written service plan must be developed for each individual family by the parents and a multidisciplinary team. The plan must be reviewed at least once every six months. (See Appendix I for steps in developing an IFSP).

TRANSITION #1 BIRTH TO 3 YEARS OF AGE

The first transition will be the hardest because it is here that you the parents learn you have a child with a disability. Sometimes parents find this out as soon as the child is born: other times, a child may appear typical at birth and not seem to have problems for several months. So the first transition to be faced is that now you are a parent of a child with a disability. This may be a confusing time because you may be receiving a lot of information from many different people. Also, you may be frightened for your child and your family (who may not all be taking this news in the same way), and you do not know what all these new words mean: developmental disability, mental retardation, sensory and motor delay. You now have a different identity as a parent of a child with a disability and your transition to this step and learning all the new language it involves will take some time.

Perhaps the best gift you could give yourself at this point would be to ask the medical specialists or others who are around you to tell you about other parents who are experiencing the same thing you are.

Search for parent networks; find some other parents you can talk to who will assure you that "the world will not end," that "this is not a tragedy." You need to talk to someone who has been there before you and survived and who even has cheerful and hopeful stories to tell. Also, you need to talk with someone with the same cultural background as you who has experienced what you are going through, and who could ease some of the attitudes towards persons with disabilities that you may be receiving from family and friends.

Then, the next step you need to take is to assure yourself that everything that needs to be done for your child will be handled. Through your pediatrician, Children's Medical Services (CMS), or the parent networks you have joined, begin to seek early intervention services for your child. Try to find out as much as you can about PL 99-457. The public school where you live (your Local Education Agency (LEA)) is responsible for Child Find: locating infants and toddlers who may need early intervention services. After you have made contact with Child Find, begin to contact service planners, such as, The Pre-School Infant Evaluation Team (PIE).

Again, you and your child may be surrounded by specialists, depending on what services your child needs: Physical Therapists, Occupational Therapists, Behavioral Specialists, Speech and Language Pathologists, Orientation and Mobility Specialists. And, depending on where you live and your child's disability, you may learn of service delivery areas for the first time: Schools for the Deaf, Blind etc. Your child should be assessed and evaluated and all test results shared with you. On the basis of these test results and your child's needs, as well as the needs of yourself and your family, a multidisciplinary team of service providers will be assigned to your child and with you will

write an Individual Family Service Plan (IFSP).

One of the team members will be the Case Manager who ensures that the plan is implemented and all service objectives are accomplished within an agreed upon time. Also, the Case Manager will assist with setting up interagency agreements, if necessary, between the school and non-profit service providers, for example, or, for arranging for transportation to wherever services will be provided for your child.

Most services for your child in this transition period will be provided in your home and therapists will come to you. However, utilizing services in a home based program only can sometimes cause problems of dependency and lack of socialization for the child.

Remember, you want to begin to think now about your child's future in the same way you would plan and dream for a child who did not have a disability. One child may be in a college program; another child will work. Do not hesitate to insist on all the services you think your child needs to make progress. Do not overlook the possibility of a few hours a week service provision in a center-based program that may require your child to receive transportation services, but also allows your child socialization and/or recreation activities.

Keep in mind that the IFSP must be reviewed every six months and changes in objectives and service delivery made depending on your child's progress. You know your child better than anyone; your input in these review meetings is critical. Finally, you will develop skills in working with the medical and educational specialists on your child's multidisciplinary team; there may be times when you educate them about your child's needs and what you want for your child.

PARENT CHECKLIST - TRANSITION #1 BIRTH TO THREE YEARS OLD

_____ keep asking yourself the question: what would be routine activities for my child if he/she did not have a disability?

_____ become aware of your child's abilities and disabilities and insist that all information is provided in your own language; ask for competent interpreters if necessary

_____ learn the medical and educational language surrounding your child's disabilities as soon as possible.

_____ develop a professional, teaching/learning relationship with your pediatrician and other medical and educational specialists. You know your child best!

_____ learn all you can about PL 99-457 and PL 94-142

_____ make contact with and join some parent networks

_____ attend parent training seminars on legal rights and advocacy for children with disabilities.

_____ make sure that Child Find locates your child

_____ meet as soon as possible with your LEA representative and the Parent Infant Evaluation Team

_____ learn what services exist in New Mexico for infants and toddlers with disabilities

_____ seek out information about financial assistance programs that can be used to help pay for early intervention services: (e.g. Social Security, Medicaid)

_____ find out what respite services exist in your community

_____ be aware of the assessments and evaluations performed on your child

_____ be aware of all test results, and all service recommendations

based on those test results

_____ participate in establishing your child's multidisciplinary team and in developing your IFSP

_____ participate in the development of service objectives and a time line for service delivery for your child

_____ participate in the assignment of a case manager for your child's multidisciplinary service team

_____ Consider home-bound and center-based services for your child

_____ begin to think of your child's future

_____ insist on services that your child would need if he or she were not disabled - speech, socialization, etc.

_____ participate in the six months review of your family's IFSP

_____ insist that transition steps to the program for 3 and 4 year old children be a part of your IFSP

_____ if you are an Indian parent with a child with a disability and live on a reservation, investigate the BIA/IHS plan for PL 99-457

_____ find out about and visit model programs in the state providing early intervention services for infants and toddlers with disabilities, especially programs that use integrated settings

_____ participate in systems advocacy for children with disabilities in NM by sitting on Advisory Councils or Interagency Coordinating Councils

PROBLEMS THAT NEED ADVOCACY:

Details of the IFSP are not yet required by state law.

There are few, center-based service centers for early intervention programs for infants and toddlers with disabilities;

In the 0-3 year old transition stage, parents often have to take over the responsibility of case management;

Lack of sufficient and effective parent participation on the State Advisory Council;

Lack of sufficient and effective parent participation on inter-agency coordinating councils;

Transition problems that occur because two different state agencies are responsible for education services for children with disabilities: HED for implementing 99-457 to age 3 and the State Department of Education (SDE) and local schools for implementing 94-142 from age 3 to age 21.

Rosalie, 0-3 years old

Rosalie's birth was difficult; the umbilical cord was wrapped tightly around her neck. She may have experienced anoxia or oxygen deprivation. She still seemed like a typical child at birth, but by five months, her parents believed there was something seriously wrong with her. The family's pediatrician told them that the Denver Screening Test showed her nervous system was not developing appropriately. At 7 months, she was not on a level with other babies her age. The pediatrician referred the family to the pre-school Parent Infant Evaluation Team. Rosalie was evaluated by a multidisciplinary team and each specialist explained to the parents the result of their portion of the test. Rosalie has multiple disabilities. She has cerebral palsy and other developmental disabilities. She has no head or trunk control. Her hearing and speech and muscle coordination are delayed.

A nurse specialist visited the home as well as a physical therapist and an occupational therapist, and they provided several home-based services including teaching Rosalie's parents some special feeding techniques. Rosalie was placed on the waiting list for an infant/toddler program. Rosalie's parents were invited by a parent support group to attend training related to early intervention services for children with severe disabilities - PL 99-457. Her parents became part of the support group. Rosalie was placed in a community - based program. Her parents attended a school support group (2 hours a week) as well as their community support group. With school personnel, they began to write an IFSP. Rosalie's diagnosis was written into this plan: developmentally disabled with severe physical involvement. Also, the family's needs and their goals for Rosalie were written into the plan -

medications, therapies, transportation to preschool, parent training about early intervention services, parent involvement in support groups, family counselling, special equipment for Rosalie.

Rosalie was placed on a waiting list for a Developmental Disability Waiver. Rosalie's family income disqualified her for normal Medicaid Assistance but the DD Waiver would help her parents with resources they needed for home services like diapers, therapies, and respite care in a provider's home two to three times a week. Rosalie began to show some improvement. At two years of age, she had no functional control of her hands and feet, no trunk control - but - by working on eye contact, she had developed some head control. She had no verbalization, but she made sounds and often had a steady and concentrated gaze. She smiled. She had no toileting ability. The IFSP was updated every six months incorporating more time away from the family for Rosalie.

Rosalie was the fourth child of her parents. All the other children were in public school. Her mother is Hispanic and her father Anglo. When Rosalie was first diagnosed as a child with multiple disabilities, her grandparents argued from their cultural perceptions about the causes of disability. As services were delivered and Rosalie showed improvement, the family relaxed. Her mother went back to work when the early intervention program and respite services provided her some free time. Before Rosalie's third birthday, her parents attended transition planning meetings at the program to move Rosalie into a public school program for 3 and 4 year old children.

TRANSITION #2 THREE AND FOUR YEARS OF AGE

This second transition will usually involve placing your child in a pre-school, daycare, or Headstart program, probably for half of the day. Ideally, this should be a placement as close to your home as possible. For some children, home-based services, or a combination of home - and center-based programs will be best. Programs for three and four year old children will offer you opportunities for parent training and parent involvement in service delivery for your child.

Your LEA is responsible for writing with you an Individualized Education Plan (IEP). Unlike the IFSP, the IEP is already legally required; it must have multidisciplinary input, include time lines and specific outcome objectives, and designate a case manager responsible for carrying out all aspects of the plan. The plan will be based on an individual evaluation of your child.

Also, even though pre-school services and an IEP may be developed for your three or four year old child, he or she may remain in an already established placement, with services which will now be paid for by the LEA. If so, transition in this time period may not involve physically moving your child but will include new evaluations and a new service plan (the IEP). However, your child may not have a center-based program and may be bused to therapies, or have services provided at home.

The variety of services received by your child at this time may require that interagency agreements must be written. Each service setting requires planning by all the agencies involved. Service agreements may have to be written that make it possible for your child to be bused, or, receive therapy outside his or her main classroom. It

is imperative that all service providers be involved on the child's multidisciplinary team. Parents must assure that all services are spelled out specifically in the IEP.

It is important that parents observe that programs for three and four year old children provide the least restrictive educational environment (LRE). Since typical three and four year old children are not required to go to public school, your child may be placed in a community preschool classroom. This classroom may contain a variety of other 3-4 year olds, including other children with different disabilities and children without disabilities. Such an experience reflects an integrated, or mainstream model. Integrated here means that children with disabilities (three and four year old children) are taught in regular classrooms with children without disabilities. Parents need to think about their child's future now - a future where their children are taught, as much as possible, in regular, integrated mainstreamed classrooms. Least Restrictive Environments (LRE), where the child with the disability is usual rather than unusual, is preferable to segregated classes.

Specific steps in this period of transition are similar to what parents experienced with their infants and toddlers. But now, parents begin a specific relationship with the public schools. The LEA Child Find refers the child with a disability for special education services. Parents are notified and need to sign consent forms for new evaluations. After evaluation test results have been shared with you, a placement decision is made and the Individualized Education Plan (IEP) developed. The IEP is discussed and written during an Educational Appraisal and Review (EA&R) Committee meeting. As the parent of the child with a disability, you are a participant in the EA&R Committee, which now is

your child's multidisciplinary team. You must agree with (consent in writing) to the placement decision, and the Total Service Plan of the IEP. Thirty days after placement, the Instructional Component of the IEP is written. The Total Service Plan lays down a broad map of your child's disability and how the school, generally, plans to respond to his/her needs. Also, it establishes a time line and identifies related services needed by your three or four year old child: transportation, speech pathology, audiology, recreational therapy, orientation and mobility training, adaptive equipment, etc. The Instructional Component sets specific objectives and assigns responsibility to individuals for carrying them out. Your child's IEP must be reviewed annually and the Instructional Component altered as your child progresses or if your child's disability changes in any way during the school year.

There is a transition program in Albuquerque for children with disabilities entering programs for three and four year old children. Four training sessions are held in the spring in different parts of the city for parents and school personnel. Parents rights and responsibilities are discussed as well as information about programs for 3 and 4 year old children. Referral packets for these transition meetings have been developed by Albuquerque Public Schools (APS). There is no statewide transition program like this, so parents should become aware of any transition services provided by their local LEA.

PARENT CHECK LIST - TRANSITION #2 THREE AND FOUR YEARS OLD

_____ keep asking yourself the question: what would be routine activities for my child if he/she did not have a disability?

_____ contact your LEA about their programs for three and four year old children in the spring.

_____ attend any transition meetings conducted by your LEA about services to three and four year old children with disabilities

_____ determine whether or not the center-based program is physically accessible, the level of integration (typical students and students with disabilities), and the student/teacher ratio

_____ look at the kinds of buses that may be transporting your child to therapy - are they regular, accessible buses with lifts or special buses modified for small children?

_____ participate in writing the IEP

_____ make sure your child's IEP has a timeline and specific assigned objectives

_____ cosider incorporating parent training in your child's IEP

_____ talk to your child's teachers and therapists about skill development for your child

_____ write into the IEP those age-appropriate behaviors that are important for your child to develop

_____ make sure that interagency agreements, if necessary, are specific about service delivery for your child

_____ make sure new evaluations are administered when your child is three

_____ specifically discuss the results of your child's evaluations with the IEP multidisciplinary team

_____ make sure the results of your child's evaluations are incorporated in the IEP objectives

_____ be sure that socialization and recreation activites are written into your child's IEP

_____ seek and attend training that informs you about PL 94-142 and the mandate for teaching in the Least Restrictive Environment (LRE)

_____ visit various classrooms in your LEA

_____ begin now to plan for your child's transition to kindergarten

_____ be sure you understand the difference between segregated and integrated classrooms

_____ continue your involvement with parent networks

_____ make sure your child's IEP is reviewed annually

PROBLEMS THAT NEED ADVOCACY:

Programs for three and four year olds with disabilities are just being developed in New Mexico;

There are very few integrated center-based programs for three and four year old children in New Mexico.

Public Schools (LEA's) do not have to Child Find or enroll children without disabilities in programs for three and four year old children;

Service centers for three and four year old children with disabilities are physically dispersed and programmatically diverse - preschools, daycare centers, Headstart programs;

Often three and four year old children with disabilities are bused to therapies rather than therapists coming to them;

Programs for three and four year old children with disabilities may be more mainstreamed or integrated than subsequent programs causing the child to experience "reverse transitioning" - from integrated to segregated settings, from less restrictive to more restrictive environments.

Rosalie, three and four years old

In the spring before Rosalie entered the public school program, the Albuquerque Public Schools did an extensive evaluation on her. This evaluation was used to write Rosalie's first IEP. Every detail of Rosalie's school activity was written into this plan. Physical, Occupational, and Speech and Language therapy were provided for Rosalie in her classroom. There were four other children with disabilities in this classroom - one had Downs Syndrome, one had Spina Bifida and used a wheelchair, one had a Behavioral Disorder, and one was had autism. All therapists now came to the classroom to provide services. Her special education teacher was assisted by an aide. Rosalie was fitted for her first wheelchair. She was included in all classroom activities and she continued to make progress. She was especially adept at social skills, making friends, smiling, good eye contact. She was developing some grasping ability, fed herself finger foods, and made some scooping motions with her right hand. She still did not verbalize specifically but she was very interest in the other children. Rosalie's IEP coordinator, parents, and multidisciplinary team updated her IEP the following spring.

When the second IEP was written, Rosalie's parents asked that Rosalie be included in an integrated classroom for part of the school day. Since she was attending a regular preschool, she did not have to be bused to another location. The other four children in this classroom did not have disabilities. Again, for the time she was in this classroom, she was included in all activities. She began to verbalize more articulately - names of people, names of animals, names of things. Also, her parents asked that she be bused to school in a regular bus with a wheelchair lift. This experience increased her interaction with

children without disabilities.

Rosalie's parents joined a local parent support organization. They sought out trainings on "advocacy," "getting what you want in your child's EA&R meeting," and "rights and responsibilities of PL 94-142 - the Education For All Handicapped Children Act, parts B and H." Rosalie's family began to accept the fact that Rosalie will not be cured; her disability is for the rest of her life. But, their support groups gave them a lot of information on other children like Rosalie who have graduated from high school and gotten jobs. They have hope for Rosalie, especially since her social skills appear strong.

TRANSITION #3 KINDERGARTEN, FIVE YEARS OF AGE

When your child reaches five years of age, he/she again will be tested and evaluated and moved from the placement for three and four year old children to a kindergarten. Now your child will enter a pattern of testing and evaluation, at least every three years. Also, with a yearly update of the IEP, you can review your child's age appropriate skill development. You want to insist that your child's teachers and therapists work with him/her in many settings (lunch, recess, play) on skills that all five year old children need - smiling, grasping, feeding, toileting, trunk control, walking, etc.

At this point in your child's educational transition, your child may be placed in a regular kindergarten (mainstreamed with support services), an integrated kindergarten, or a "Side by Side" (SxS) kindergarten (Side by Side" programs are only in Albuquerque Public Schools) The SxS kindergarten may be your child's first experience in a segregated classroom where all the children may have the same disability. SxS programs range from A,B,C, and D levels with more severely disabled children placed in D programs and not mainstreamed into regular classes. This placement will be critical to your child because once placed in one of these levels, he/she may stay there only interacting with other children with disabilities, or with children with the same disability. Therefore, your involvement in writing your child's IEP is critical here. Having a correct and positive understanding of your child's skill development at this point will help you work with your child's multidisciplinary team to make a desireable placement.

Always keep in mind that your child has the right to be placed in a kindergarten as close to home as possible, in a kindergarten that represents the least restrictive environment possible, and in a

kindergarten that is mainstreamed or integrated. No matter where you live or what your child's disability may be, a review of program levels will suggest classroom options for your child you may want to consider.

Level A Programs are for those children whose special learning needs do not require a basic modification of the regular education curriculum. However, some special instructional methods or materials may be necessary. At this level, a special education teacher works directly with a student and his/her regular teacher in the regular classroom, on a regular basis.

Level B Programs are for children who do not need a basic modification of the regular curriculum but do need special instructional methods or materials and also regularly scheduled intervention outside the classroom. This level is generally referred to as a "resource room."

Level C Programs are for children whose learning needs are such that the content, methods, and pacing of the regular program are not appropriate and must be modified. Service is provided in a separate classroom for at least half a day but may be on a full-day basis. No more than 15 students may be served in any one C level program. If any one of the students cannot move around independently due to a physical disability, there must be an aide in the class in addition to the special education teacher.

Level D Programs are for students with the most serious disabilities. These children require very substantial modification of the instructional content and methods, and a very structured, well supervised educational environment. Placement may be half time or full time with as much mainstreaming into a regular classroom as the child

can handle successfully. No more than 8 students may be served in a D level class. An aide is required when enrollment reaches 7 or when any of the students cannot move around independently.

Remember, you cannot begin thinking of your child's future too soon. And, no matter how severe a child's disability, studies show they do better in integrated rather than segregated educational environments.

Parent Checklist - Transition #3 Kindegarten, Five years of age

_____ keep asking yourself the question: what would be routine activities for my child if he/she did not have a disability?

_____ visit kindergarten placements in your LEA before your child's fifth birthday

_____ investigate APS' SxS Program if possible, or similar programs

_____ visit and observe classes that are A, B, C, and D level

_____ be sure your child is tested and evaluated at age five

_____ be familiar with the age appropriate skills written into your child's four year old IEP and whether those skills have been accomplished by the time he/she enters kindegarten

_____ be sure to observe your five year old carefully and to state to his/her multidisciplinary team your opinions on skill development and kindergarten placement

_____ Consider whether you want your child placed in a mainstreamed or integrated kindergarten

_____ Consider an age appropriate, neighborhood kindergarten placement for your child

_____ insist that your child's kindergarten placement be in the least restricted environment

_____ if your child is placed in a D level program and segregated for the first time, observe how this placement affects him/her, and look for ways to integrate him/her

_____ if you feel your child is not progressing in his/her kindergarten placement, ask for an EA&R committee meeting and a review of your child's IEP

_____ insist that all related services needed by your child be included in his/her kindergarten IEP

_____ be sure all test results (age 5) and evaluations are shared with you

_____ be aware of how your child is taught skills in kindergarten - whether or not several settings are used

_____ begin now to plan for your child's transition to elementary school

_____ begin now to think about and envision your child as a working adult

_____ discuss the socialization and learning advantages of placing your child in a mainstreamed or integrated regular kindegarten with his/her multidisciplinary team

_____ be sure you are satisfied with your child's Total Service Plan at this transition point

_____ be familiar with any new therapists or aides working with your child in kindergarten

_____ continue your contact with parent groups

_____ participate in any training available about PL 94-142

A NOTE ON INSTITUTIONS

For children and adults with severe disabilities, the possibility of having to be placed in a hospital or an institution is an ever-present reality. As parents of a child with a disability, you need to visit nursing homes and institutions where your child could be placed. In New Mexico, Ft. Stanton Hospital and Training School in Capitan, Ft. Bayard in Silver City, Los Lunas Hospital and Training School in Los Lunas, and the state hospital in (Las Vegas Medical Center) are residential institutions that house persons with developmental disabilities or psychiatric disorders. When you visit these places you will see that programs are segregated (persons with disabilities living with other persons with disabilities) and isolated (the larger community not aware of the separate lives of these persons with disabilities).

Integration should remain your goal for your child with a disability. If your child becomes ill and has to be hospitalized for any length of time, insist that school services not be reduced; insist that they come to your child as if he or she were in a homebound program. Remember, if your child is receiving school services and there is any change in his/her disability, you have the right to call an EA&R Committee meeting and request that the multidisciplinary team alter the IEP accordingly. If an IEP needs to reflect homebound services until your child can resume attending classes, try to maintain as much school contact and learning continuity for your child as possible.

On the other hand, if your child does live in one of the institutions mentioned above, you want to dedicate your efforts for your child to public school integration and transition from the institution to the community. More than likely for a child with a

severe disability living in an institution the following is the picture. All children with disabilities in institutions have active treatment plans for medications, therapies, activities of daily living, and, in some instances, public schooling. Public school personnel participate in the writing of Individualized Habilitation Plans (IHP) or Individualized Program Plans (IPP) for children with severe disabilities living in institutions. In these meetings decisions are made to transport certain children to local/nearby public schools or not. As a parent, you may want to try to influence that decision for your child in favor of being transported to a public school. Also, as soon as that decision is made, you may want to insist that an IEP be developed for your child and that consideration be given to writing a Total Service Plan with all the components of integration and transitioning included for children with severe disabilities who do not live in institutions.

Living in an institution, your child most likely will be taught in the institution itself. Work to include your child in the public schools nearest the institution. It is likely your child will be placed in a D Level program. Work to include "progressive inclusion" or consistent integration of your child into regular classrooms in your child's IEP. Do not settle for limited cafeteria or recess integration. Because your child does live in a segregated institution, you must insist on as much integration of your child with children without disabilities as the school can provide.

The biggest problem you face as a parent of a child with a disability living in an institution is the lack of coordination of services between the public schools and the institution. The school and institution staff may have very low expectations for children with

severe disabilities who live in institutions. Also, your child may not be able to apply what he or she learned in school to his/her activities in the institution. You must work to raise that expectation by insisting on integrated public school services and follow up transition preparation for your child by both the public school and the institution. You can insist that your child receive more than pre-vocational services both in school and in the institution. Your child will transition from the institution into the community, perhaps into a community-based Supported Employment position. Your child, therefore, must have the same early vocational/transition planning (updated yearly), vocational assessments, and an Individualized Transition Plan (ITP) like children with severe disabilities who do not live in institutions.

And, in this planning you may insist that like noninstitutionalized students with disabilities in special education in public schools, your child must receive integrated community-based instruction. Upon graduation from high school, you want your child already placed in a job site, or, his or her ITP structured to now transfer service responsibility to the Division of Vocational Rehabilitation (DVR). You may insist that your child have the opportunity to live and work outside the confines of the institution. To accomplish these goals with and for your child, you should think about writing training for yourself into your child's IEP. As soon as possible, you need to have an understanding of how to be effective in EA&R/IEP meetings, how to understand and apply vocational assessments to your child's IEP, the benefits of integrated education in regular classroom settings, how to work with medical and educational professionals about the vocational future of your child, how to

transition your child from the institution to public school to the community, and how to access and work with DVR.

If you are a parent of a child with a disability who lives in an institution, keep working on the following checklist.

_____ keep asking yourself the question: what would be routine activities for my child if he/she did not have a disability?

_____ expect that your child be placed in a regular public school and consistently integrated from special education classes to regualr education classes

_____ expect that an IEP be written for your son or daughter and that the Total Service Plan include vocational planning and transition planning

_____ expect that your son or daughter be placed in as many integrated settings as possible - buses to school, regular classrooms, cafeterias, recess, after school activities

_____ expect that the student's Total Service Plan include integrated Community Based Instruction

_____ expect coordination of services for your child between the school and the institution - that what is learned at school is used or reinforced in the child's living arrangement, especially independent living skills training

_____ expect early and consistent transition planning for your child, from the institution to the community

_____ expect on early and consistent vocational planning for your child

_____ expect on a broad-based, community-representative multi-disciplinary team for your child

_____ expect that a DVR counselor be incorporated into your son's or

daughter's multidisciplinary team when your child is 14, no later than age 16

_____ expect that all service providers involved with your child's education frequently discuss the possibility of services for your child eventually being transferred to DVR, that an ITP be written for your child, that Supported Employment is a considered option for your child

_____ expect that planning be done by the public school for transitioning your child out of the institution and into the community upon his/her graduation from high school

PROBLEMS THAT NEED ADVOCACY:

A lack of mainstreamed or integrated kindergartens,

Removing children and adolescents with disabilities from regular classrooms for special education services,

A lack of continual staff support for regular education teachers to enable them to participate in mainstreaming,

A lack of training all school personnel that integrated, mainstream educational models are more effective and less expensive,

Parents' low expectation about the potential employability of their child or adolescent with a disability,

Parents' and professionals' low expectation of progress/integration if a child or adolescent is institutionalized or lives in an institution,

Children and adolescents in institutions not integrated into regular public schools

Children and adolescents in institutions who are bused to public schools placed/maintained in D Level programs,

A lack of coordination of services between public schools (LEAs) and residential institutions,

A lack of integration planning for children and adolescents in institutions,

A lack of transition planning for children and adolescents in institutions,

A lack of real, vocational experiences for children and adolescents in institutions,

A lack of referral to DVR of children and adolescents in institutions.

Rosalie, Kindergarten

In the spring of her fourth year, the public schools did another extensive evaluation of Rosalie to determine her kindergarten placement. Despite her record of continued progress, when her Total Service Plan was written, she was placed in a segregated kindergarten. All the children in her classroom were non-ambulatory and had limited communication skills. Within three weeks, Rosalie seemed depressed and unusually quiet. Her parents recalled the EA&R Committee and insisted that she be placed in an integrated kindergarten with higher functioning students. Now she spent half of every week day in kindergarten. Again, her parents insisted that she be bused to school in a regular bus with a wheelchair lift.

Half of Rosalie's kindergarten day was spent in a special education class with 8 other children with disabilities. The other half of the day, Rosalie was in an integrated classroom with 19 children who did not have disabilities. Rosalie's multidisciplinary team coordinator made an appointment for her with an electronic and communication switch specialist. He fitted her for a communication system, with an on and off switch that can be operated by a head motion and a pointer. Rosalie learned to feed herself; she clearly communicated yes and no and carried on a kind of conversation by pointing to pictures and answering questions with a yes and no.

Toward the end of a most successful kindergarten year for Rosalie, she became ill with what seemed like a urinary infection, ran a high fever, and experienced convulsions. Her parents feared she would lose all the gains she had made. When her illness appeared to leave her listless and more spastic, they talked about putting her in an institution for persons with developmental disabilities. Her parents

visited the institution. Very few of the children were bused to the local public school. They were transported in special buses and everyone was in a self-contained D level program. Not all the students had written IEPs and no student had either a vocational or a transition plan. The special education program within the institution was segregated and only provided pre-vocational services and activities of daily living.

To Rosalie's parents, placing her in that institution seemed to be going backward instead of forward. They called her EA&R committee together and insisted on home-based services and an extended school year for her when she got out of the hospital. Therapists came to Rosalie's home and continued her communication and motor skill training. She responded, made it out of bed and back to her wheelchair. Her mother quit her job. She invited Rosalie's friends to her house and Rosalie's communication skills picked up. In the summer before she was to enter the first grade, Rosalie qualified for Medicaid. Her parents purchased a power chair for her on which her communication board fit. They attended her EA&R committee meeting that spring determined to persist in increasing Rosalie's time in integrated, regular classrooms.

Chapter II

Special Education In Transition

When mainstreaming was talked about in PL 94-142 a decade ago, regular teachers feared that they may not be prepared to teach and deal with one or two children with disabilities in their classrooms. "Mainstreaming," therefore, for the majority of students with severe disabilities, was set in the general school environment but specifically withdrawn to "special" resource rooms, "separate" recess and lunch facilities, "segregated" buses and teaching. Students with disabilities went to school like everyone else, but were invisible to the majority of regular students because they were hidden away in separate classes receiving "special education; they were "separate but equal."

This experience with special education taught three important lessons: (1.) that teaching techniques developed by special educators were helpful to students with disabilities because it was team delivered and, (2.) team, or collaborative, teaching for students with disabilities could be adapted for regular education teachers in regular classrooms - special education did not have to occur in segregated settings, and (3.) in the few instances when children with disabilities were "progressively included" in regular classrooms, their learning and skill development was better and faster and their non-disabled peers' acceptance of them was instrumental in this growth and not problematic. (A report from the Minn. University Affiliated Program on DD, Minn. UAP IMPACT, Feature Issue on Integrated Education, VI (2) Winter, 1988.)

Special education was a solution for educating students with disabilities. However, for a growing number of students and their advocates, it no longer satisfactorily answers the questions of a free

and appropriate education in the least restrictive environment. Special Education is in transition and parents of students with disabilities have an opportunity to affect the direction of their education toward integration.

TRANSITION #4 ELEMENTARY SCHOOL, GRADES 1 THROUGH 6

Your child entered the world of public school special education in the preschool program for three and four year old children. If the program for three and four year old youngsters, by chance, was integrated and the kindergarten program, by design, was self-contained - special classes, special buses, segregated therapies, separate recess and lunch programs, etc., you may have had an opportunity to observe and think about the advantages of having your child in an integrated class. Especially in the programs for three and four year old children when developmental differences among them were not great, you may have seen your child make more progress than in a segregated kindergarten.

Now, your child begins the elementary years, hopefully, in a neighborhood school close to your home. Again, you have a chance to participate in your child's EA&R in the spring and to write his/her IEP with the assigned multidisciplinary team. It is important that you know you have the right to request an integrated setting for your child, that your child be taught in regular classrooms as much as possible.

One of your transition steps here is to be assured that your child has learned all the skills necessary for a smooth move to first grade and then similarly to grades 2 through 6. And, in the IEP planning, you need to continue to insist that future skill development be both age appropriate and taught in real living situations as much as possible.

For example, perhaps the Instructional Component of the IEP for first grade can be a <u>functional model</u> for your child's elementary school

program. The following chart is an example of a functional model plan:

Objectives	Eye Contact	Smiling	Standing	Talking	Feeding	Toileting	Interacting with Nondisabled Peers
Activities							
Regular Class							
Transportation							
School Trips							
Recreation Swimming							
After school activities Campfire							
Recess							

Also, you could consider the following objectives: cooperative learning with nondisabled peers, curriculum adaptations so your child is included in regular lesson plans, accessible environmental accommodations, cooperative teaching between general education teachers and special education teachers, special supports coming into the regular class to the child with the disability rather than removing the child, from the class, regular teachers as part of the IEP team assisted by a support staff.

Begin this transition by visiting your neighborhood school and meeting with the principal or assistant principal. Look at all classroom options; ask a lot of questions. Find out what other parents

are doing to transition their children into a variety of school programs. Once your child is in elementary school, insist that he/she be moved about no more than a nondisabled child. Work out a proram whereby the special services and supports come to your child, assisting the regular teachers, in a regular class.

Begin to learn the politics of your child's school - who are good contacts for you? Become even better informed about your child's educational rights. Learn about the state's special education system. Participate in your parent networks. Ask your child's teacher how you can assist him/her. Encourage on as much contact as possible between your child and his/her nondisabled peers, that the school building be physically accessible, and that your child's multidisciplinary team coordinator coordinate integrated or learning experiences for your child - that your child be taught in a variety of community settings with other children who do not have disabilities.

PARENT CHECK LIST - TRANSITION #4 ELEMENTARY SCHOOL, GRADES 1 THROUGH 6

____ keep asking yourself the question: what would be routine activities for my child if he/she did not have a disability?

____ visit your neighborhood elementary school in the spring before the annual FA&R meeting;

____ meet and talk to the principal and assistant principal

____ talk to them about integration of children with disabilities

____ look at all the classroom options

____ make sure your child has learned the functional skills necessary for this transition

____ make sure your child is tested and evaluated at age 8 and again at age 11

____ participate in the yearly IEP reviews while your child is in elementary school

____ learn as much as you can about your child's educational rights

____ learn as much as you can about the state's special education system

____ find out how other parents have transitioned their children with disabilities into a variety of school and after school programs

____ learn as much as you can about integration models and how children with disabilities are integrated into regular classrooms

____ make sure that your child's regular education teacher has support for your child's instruction

____ suggest that skill development objectives for your child be taught in real life situations

____ suggest that special or support services come to your child's regular class and that your child not be removed to special rooms for special services

____ insist that your child's elementary school be physically accessible

____ make sure that your child's regular elementary school teachers have administrative and special education support to integrate your child

PROBLEMS THAT NEED ADVOCACY:

Not all neighborhood elementary schools are integrated or fully accessible;

Students with severe disabilities do not identify with a regular, integrated classroom as their main classroom;

Integration models are just beginning to be developed in New Mexico public schools;

Regular education teachers have limited collaboration involvement and few support staff for special education students in their classes;

Children with severe disabilities in elementary school are moved to services rather than support services coming to them in regular classrooms.

Rosalie, Elementary School

Before the spring EA&R committee meeting, Rosalie's parents visited their neighborhood elementary school. They found it to be inaccessible for Rosalie's battery-powered wheelchair. There were steps into the main building, inaccessible bathrooms, and special education classes were held in non-attached portable buildings with steep ramps. They met the principal of the school and told her about their concerns for Rosalie's mobility at this school.

Rosalie's parents asked other parents in their support network about this elementary school. They found out that it was one of the least accessible elementary schools. They did not want to move Rosalie away from her group of friends, but they wanted her to be in an accessible and integrated environment where she would continue to make progress. They heard about another elementary school, a few blocks beyond their local school. With other parents of children with disabilities the same age as Rosalie, they visited the school. They found it physically accessible and dedicated to an integration model. The parents formed a coalition to work together to have their children attend this school.

In the spring EA&R committee meetings, this parent coalition worked together and supported each other in writing their children's IEP's. They insisted that their children be bused to the accessible school in regular buses with wheelchair lifts. Also, they insisted that if their children were placed in the special education Side by Side program at the D level, that the plans included steady integration of their children into regular classes with nondisabled children. Finally, they insisted that skill training for their children occur in a variety of real-life, integrated settings. For example, smiling, eye contact, and

trunk control could be taught and worked on during bus rides back and forth to school. Toilet training was to be taught in a real (accessible) bathroom. Socialization was to be worked on in many integrated settings - lunch, recess, after school activities.

Rosalie made great progress in elementary school. She shared her elementary school years with a variety of friends some of whom were children with disabilities, many of whom were not. "Buddies" assisted her regular education teacher to work on Rosalie's communication skills. Eventually, she moved from a D level to a C level special education class and her time in integrated, regular classes increased accordingly. Together her special and regular education teachers found that she loved to be read to and then attempted to tell the stories to her friends. Her multidisciplinary team coordinator recommended work on a lap computer - games, numbers, pictures. One afternoon at a Campfire Girls meeting, she was found standing (stiffly, shakily) with her arms around two friends who helped hold her up. She was fitted for a prone stander. The group of children with disabilities who entered elementary school with Rosalie (and their parents' coalition) had an impact on promoting integrated programs.

TRANSITION #5 MIDDLE SCHOOL, GRADES 7 THROUGH 9

When your child begins to reach his/her middle school years, you should plan to accomplish five middle school goals. First, make sure that the three year testing and evaluation pattern of your child continues to occur usually, at ages 8, then at 11, and again at 14, and completely addresses your child's ability as well as disabilities. Second, request that the testing also include vocational assessments process as early as possible. Third, continue to seek opportunities for your child to be taught in regular, integrated classes. Fourth, also continue to ask that your child's skill development be taught within real life situations. In fact, in the middle school years, community-based instruction (CBI) should begin for your child. CBI will begin vocational exploration for your child and set up real life-situation teaching circumstances where skill development occurs outside the classroom - stores, restaurants, recreational centers. Fifth, begin to think and plan in terms of vocational goals for your child; write vocational goals and objectives into the middle school IEPs. Begin to learn all you can about the Individualized Transition Plan (ITP) that will be vocationally oriented and will become part of your child's IEP at age 14, or, no later than age 16.

Transition to middle school can be quite hectic for your child. If he/she is in regular, integrated classes, there will be movement from class to class. Again, your child is faced with multiple transitions - to a new school and then to different classes and different teachers each time the bell rings and the period changes. It is important, therefore, that a plan of movement be worked out before classes begin. Visit your neighborhood school, check on its physical accessibility -

including bathrooms, cafeteria, gymnasium - and meet and talk with the principal and assistant principal. Learn what your child's route from class to class will be. Think of possible movement options. For example, could a classmate or a team of friends push your child's wheelchair, carry books, or direct traffic around your child's slower walking pace? Or, could CBI begin here with the process of teaching your child transportation lessons, tricks that could be used to remember guide posts that assist movement from one spot to another?

Maintaining a steady, unchanging multi-disciplinary team for your child through his/her middle school years is important. But, as you get closer to writing your child's first ITP, think seriously about the community specialists on this team - vocational assessment specialists, residential specialists, job coaches, employers. It is important that your child's middle school curriculum be functionally based, and that skill development be related to real life situations that your child recognizes and in which he/she feels comfortable. What might have been teaching environments in elementary school may become learning objectives in middle school.

Objectives	Interaction with friends	Transportation Independence Practice	Buying clothes food	Doing a job	Being a peer tutor
Activities					
Regular classes					
Stores					
Restaurants					
Church					
Friends Parties					
Extra Curricular Activities					
Community Work Placement					

Above all, your child's middle school years should be planned to offer maximum opportunity for interaction with peers who do not have disabilities. Where you encouraged integration of your child in after school activities in elementary school - acting classes, scouts, Campfire, etc., in middle school you want to encourage continuation of these activities as well as integration of your child into extra-curricular sports and recreational programs. Transition from childhood to adolescence is not easy; difficult physical and emotional changes that are a part of this time of life can be eased if your child has the opportunity to experience multiple peer relationships in a variety of settings - just like children without disabilities.

CHECKLIST - TRANSITION #5 MIDDLE SCHOOL, GRADES 7 THROUGH 9

____ keep asking yourself the question: What would be routine activities for my adolescent if he/she did not have a disability? Try to include your son or daughter in as many of those activities as possible

____ begin thinking of your adolescent's vocational future

____ make sure that testing of your adolescent during mid-school includes vocational assessments

____ begin incorporating vocational goals into your adolescent's IEP

____ learn as much as you can about the Individualized Transition Plan (ITP)

____ make sure your adolescent begins to receive specific community-based instruction (CBI) and encourage the use of a variety of CBI settings

____ make sure your adolescent's middle school curriculum is functional and that IEP objectives occur in real life community settings

____ participate in community vocational exploration with your adolescent

____ learn about the work of vocational assessors, residential specialists, job coaches, vocational counselors

____ request that your adolescent's ITP begin at age 14

____ ask for a vocational counselor to become part of your adolescent's multidisciplinary team

____ visit your adolescent's middle school before classes begin

____ meet with the middle school principal, assistant principal, and your adolescent's regular classroom teachers before classes begin

____ work out a class to class movement plan for your adolescent that includes peer assistance and interaction if necessary

____ increase your parent networking

____ encourage your adolescent's participation in a variety of integrated afterschool activities, including extra-curricular sports and recreational activities

____ request that middle school teaching of your adolescent take place in regular, mainstreamed, integrated classrooms

____ encourage support services for your adolescent in middle school to be offered in regular classes

____ encourage your adolescent's middle school multidisciplinary team to offer a variety of opportunities for peer interaction

____ encourage the expansion of your adolescent's multidisciplinary team to include vocational experts

____ begin to gather information about the Division of Vocational Rehabilitation (DVR)

PROBLEMS THAT NEED ADVOCACY:

Not all after school and extra curricular school activities are integrated and include children with disabilities;

The Individualized Transition Plan (ITP) is just being incorporated in New Mexico;

New Mexico's Division of Vocational Rehabilitation (DVR) has just been named lead agency for school to work transition - and written the first state transition plan. Up to now DVR vocational counselors have not regularly been a part of the EA&R Committee;

Lack of Transition Teams developing community needs assessments for employment goals for children with disabilities entering middle school;

Rosalie, Middle School

In the Spring before Rosalie entered her neighborhood middle school, her parents visited the building and, again, found physical accessibility problems. Difficulties in getting around this building were highlighted by the fact that students moved from class to class every hour when the bell rang. At the Spring EA&R Committee meeting, Rosalie's parents insisted that an integration specialist shadow Rosalie at school and identify her integration needs. Also, they insisted that an integration aide assist Rosalie's special and regular education teachers to implement recommendations of the specialist. Rosalie's multidisciplinary team coordinator also implemented a "buddy system" to assist her when she moved from one integrated class to the next.

Rosalie began middle school in a battery-powered chair with a hand control she could operate herself. She went forward and backward well but had difficulty manuevering turns. Her buddies set up a color code system to assist her in moving from the room with the red dot on the door to the room with the yellow dot on the door. Her integration specialist shadowed her for six months. He recommended that Rosalie's communication board be enhanced to encourage her participation as much as possible in her regular classes.

By the end of her middle school years, Rosalie spent more time in integrated regular classes than in special education classes. She began every school day in an integrated, regular homeroom. Her friends without disabilities finally outnumbered her friends with disabilities. Her regular education teachers and integration aides found peer tutoring a powerful teaching technique for Rosalie whose presence in class seemed to inspire team work. One of Rosalie's integrated classes was a regular

computer class on Apple Computers. Her experience in this class assisted her motor development, her control over her spasticity, and her hand/eye coordination. Also, she attended an integrated martial arts P.E. class (Aikido) and learned stress management techniques that increased her ability to relax while in spasm.

Throughout Rosalie's middle school years, her parents expected that she receive Community - Based Instruction - that much of her training occur in the community in stores, restaurants, museums, theaters during the times when non-disabled students were there too. Her parents requested that vocational assessments be part of the school's evaluation process and that real vocational training (not pre-vocational training) began for Rosalie. Her parents invited that more community specialists to participate in Rosalie's EA&R Committee - residential specialists, job coaches, employers. And, in anticipation of writing an Individualized Transition Plan (ITP) when she was 14, her parents insisted that a counselor from the Division of Vocational Rehabilitation (DVR) be placed on her multidisciplinary team.

In the midst of Rosalie's transition from middle school to high school, her parents finally faced up to a problem they had been trying to ignore - the "problem of Rosalie's sexuality." Rosalie was well liked, if not loved, by two of her male buddies. Also she showed or returned affection to them. Her parents had tried to forget about Rosalie's sexuality, or to stifle it whenever and however they observed it. Consequently, Rosalie was confused and caught between the affectionate actions of her friends and the negative signals about returning affection to her friends she received from her parents. And, in her confusion, sometimes she inappropriately acted out - screaming at a nude picture, grabbing people in the "wrong" places.

Her parents sought help. Rosalie's pediatrician and one of her special education teachers recommended she be sterilized. Because of cultural and religious considerations, her parents struggled with this recommendation. They turned to their parents' support group only to find out that other parents were wrestling with the same problem. The support group contacted the local Independent Living Center (ILC) their parent support group requested special training. In the training, they were stunned to learn that their attitude toward this issue, in effect, had desexualized Rosalie. Also, their attitudes and actions had the effect of unrealistically placing Rosalie in a separate, nonsexual category of people. And, this affected her feelings of self worth and self-esteem, as well as her feelings toward what she began to see as her "bad body." For Rosalie, all these negative distinctions represented conflict. In school and at home, she was encouraged to make choices, be independent - except with this issue. What was real? What was she supposed to do?

When her parents and the others in the support group realized this conflict, they decided to incorporate sexuality training for Rosalie in her IEP. Also, they requested the local ILC and their parent support group to conduct frequent consumer sexuality training classes for Rosalie and other students like Rosalie. Rosalie's parents adopted as a goal in all these efforts that, at some point, Rosalie be informed enough and have the opportunity to decide her own sexual destiny.

Chapter III

From School to Work in Transition

In New Mexico, the two state agencies with primary responsibility for school to work transitioning are the State Department of Education (SDE) and the Division of Vocational Rehabilitation (DVR), which falls under the State Department of Education. Out of legislative activities in 1987 (House Memorial 85) the Legislative Education Study Committee (LESC) named DVR lead agency in school to work transitioning. DVR, therefore, will be an important player in vocational planning for a high school student with a disability.

It seems obvious that there are four essential ingredients in a successful school to work transition: the LEA's development of a comprehensive Individual Transition Plan; DVR's participation in the IEP/ITP process with eventual transfer for transition responsibility to DVR; the development of local community employment options; and the review, coordination, and enhancement of transition methodogies and models by a statewide interagency transition team (or task force) and local community transition teams.

Also obvious to transition success is DVR's commitment in making transition work. What DVR must be encouraged to commit to is providng a vision of transition and supported work for students with disabilities to local communities, recommending accommodations strategies, and assisting in modeling local core transition teams that will accept the unique responsibilities inherent in supported work planning. School to work planning is in transition and parents can get involved. Transition to supported work models requires an agreed-upon employment vision for persons with disabilities and continous strategizing about relocating or converting funds for sheltered workshops and day activity centers to

supported employment efforts.

TRANSITION #6 HIGH SCHOOL, TO AGE 22, QUESTIONS AND ANSWERS FOR THE STUDENT WITH A DISABILITY

I. Why should you begin to think about a school to work transition to high school?

All of us prepare to be adults and have agreed that one of the indicators of adulthood is the ability to find and keep paid employment. Experts tell us that persons with disabilities are not working primarily because they and their parents have low employment expectations. That is, that parents and therefore the person with a disability do not believe that he/she will really be able to find and hold onto a "real job." They say this low expectation is especially a problem when one has a severe disability like mental retardation, cerebral palsy, autism, chronic psychiatric disorder, or a behavioral disorder.

Certainly this low expectation differs from what we have believed to be the reason for unemployment of persons with disabilities: that employers will not hire them because they do not believe they can handle the job, or, because employers discriminate against persons with disabilities. Probably some employers do fear hiring a person with a disability for a variety of reasons, but employers will accept the good work of a person with a disability.

You, therefore, have an opportunity to be employed and self supporting like everyone else. But, because you have a disability that requires some accommodation in the work place, you may need to plan carefully, beginning in high school, what work you are best suited for and what skills you need to develop to produce good work. You will be an employed person longer than you will be a student. To work toward moving or transitioning from high school to work is to lay a plan for

the rest of your life.

When and how should you begin planning a school to work transition?

We all dream about what we want to be when we grow up and, in this way, we plan for the work we want to do, the job we want to have. some people with disabilities and sometimes their parents, because they don't expect to ever work in a real job, talk, dream, and plan less about work. Experts recommend that vocational planning and exploration be a part of elementary school curriculum. In New Mexico, efforts are underway for special education students to begin long range school to work transition planning by age 14, no later than age 16. So in planning your transition from middle school to high school, long range vocational goals need to be included. Also by then, you will have had one or more vocational assessment that can be helpful in developing job goals. Be careful, however, that you also say what you want and not let a vocational test determine a future you do not want.

What do you need to do at the end of middle school or the beginning of high school to begin planning your school to work transition?

You should aim for one planning goal: that you will assemble the best transition planning team possible. Above all, do not let planning about your future occur without you - be present and be an active participant at all your transition planning meetings. Insist on a broad range of school and agency personnel on your team. And, especially insist that assigned persons carry out the objectives of your transition plan and that one team member in particular be responsible for the overall case management of your plan. Be sure that your team constructs a timeline showing all future transition planning meetings. And, make written contracts with your team members that assures they will be

permanent participants on your transition planning team.

What do you expect to achieve as a result of transition planning?

Expect a lot! It is more advantageous to have high expectations about your work future. Also, expect transition planning to produce a map that will guide you through high school and over all the bridges you have to cross until you are securely employed. Expect that transition planning will assemble a group of school and community experts who are on your side and who, like you, expect you to be employed in an integrated community setting when you graduate from high school. Expect that this group of experts also will act as job investigators for you so that you will receive the best vocational training and have a choice of jobs.

II.

What is a Local Education Agency (LEA)?

An LEA is your school district. Your LEA must provide educational services for you until you are 22.

What is the Division of Vocational Rehabilitation (DVR) and how are the LEA and DVR related to each other?

DVR is the Division of Vocational Rehabilitation. It can provide vocational training for you after age 22 if you are eligible for their services. Also, it is the state agency responsible for developing and carrying out a state transition plan. Therefore, DVR and your LEA will work together on your transition plans because services for your school to work transition may be transferred to DVR when you graduate from high school.

What are the following and how do they relate to each other and to school to work transitioning?

The Education Appraisal and Review Meeting (EA and R) held when you

are 14 or 16, between middle school and high school, will be the first planning conference on your vocational future and your school to work transition. At this EA&R, your Individualized Education Plan (IEP) will be expanded to include vocational goals. Specifically, your IEP will incorporate an Individualized Transition Plan (ITP) that will outline in detail the vocational objectives (job skills, behavioral development, independent living training) that will assist you to reach your employment goal. Your ITP will list everything you need to be able to do to get and stay successfully employed, and, assign responsible individuals on your transition team to assist you to master these tasks and reach these objectives. EA and R meetings are held periodically through your school career, or, may be requested by you or your parents. Also, your IEP is periodically updated. But, when your school to work transition planning begins, your transition team must discuss your IEP/ITP at least yearly because your ITP's vocational objectives will change as you successfully acquire the job skills agreed upon by you and your transition team.

Your LEA has the responsibility to "job develop" (find suitable employment) on your behalf, specifically, your vocational education teacher (a member of your transition team). Upon your graduation from high school, your DVR counselor (assigned to you when your transition team organized or, at least, early in your high school years) will assume responsibility for your continuing school to work transition and write with you an Individualized Written Rehabilitation Plan (IWRP) that completes your job training and establishes you in a permanent job. Also, DVR will continue to assist you to identify your independent living needs (transportation to work, a place to live, money management,

medical services, recreation and leisure time activities) and provide training services for 18 months.

If you have a traumatic head injury and require mental health services, DVR may develop an Individualized Program Plan (IPP) with you that concentrates on Supported Employment services like job coaching.

What is an individual transition team? Make a list of school and community professionals who can assist you in planning a school to work transition, and describe the job of each of these people.

Your individual transition team will consist of some or all of the members of your IEP team: yourself, your parents or family members, your special education teacher, vocational education teacher, occupational therapist and physical therapist - plus - an adult service provider, your vocational rehabilitation counselor, a case manager, an employer, and a residential living specialist. Together, your transition team will target transition outcomes, address community living plans, and identify skills needed for a successful transition and how and by when they will be acquired. Most important is the assignment of responsibilities for each team member, and, the assignment of a case manager or transition plan manager who will oversee the transition plan goals, objectives, activities, and yearly meetings.

Here is an example of the individual tasks of team members: A student has been targeted to receive community-based vocational training at a local shopping mall as a maintenance apprentice; the special education teacher may be responsible for training the student along with three of his or her classmates four days a week for four hours a day; the vocational education teacher may be responsible for contacting the supervisor of the mall (the employer on your transition team) and setting up the training site; the vocational rehabilitation counselor

may be responsible for visiting the student to make observations on a monthly basis and for assigning the student to his or her caseload once the student is in the final years of the secondary program.

How often and for what reasons should your individual transition team meet?

Your individual transition team should meet annually, or as needed, to update and evaluate the transition plan. As a student, you should be ready for the final planning meeting by your last year of high school. At this meeting, the transition team should make plans and assign responsibilities for the outcomes of the planning and transition process (your permanent, paid employment). Your transition plan stands a better change of working if it includes ways to maintain communication between the school and adult service agencies and employers before you leave school.

III.

Why is transition from school to work more than just a movement from school services to existing adult services?

Your moment from school to work should be a smooth process. And the point of the process assures you that you will not reach age 22 or graduate from high school and either have to wait and then be trained for a job, or, never be permanently employed. Good transition planning creates employment opportunities and challenges your transition team and your local community to consider employment possibilities for you while you are in high school. If your transition plan works well for you, you should be permanently employed before high school graduation. Or, you will have received job training in the community throughout your high school years, have a permanent job placement identified, and move into that job with the necessary support services so that the transition from high school to job will be your last move.

What does interagency cooperation mean?

Interagency cooperation is necessary for a good transition plan. It means that the members of your transition team work together and in agreement about your vocational goals. Remember that the members of your transition team themselves work in a variety of community settings - schools, rehabilitation centers and offices, local businesses and factories. In order for your transition from school to work to be successful, the agencies that your team members represent must be agreed on the kinds of services they will provide you and the money they will invest (directly or through your team members) in your transition. Your special education teacher, vocational rehabilitation counselor, business representative (employer), and community residential specialist, for

example, must agree on the ways to develop your Individualized Transition Plan.

What are interagency agreements? Give an example of the kind of interagency agreement that could assist a school to work transition.

In order to develop, a successful transition plan, your team members wil have to make written contracts (interagency agreements) with each other. Remember, they all come from different places of work in the community. Therefore, the Division of Vocational Rehabilitation may write of Cooperative Agreement with the school district or (LEA) of Las Cruces, for example, that rehabilitation counselors will participate in your transition plan at age 14 or 16 and, transfer you to their caseload during your last year of high school. Or, DVR, a school district, and the Department of Labor may write an interagency agreement to coordinate a Job Training Partnership Act (JTPA) program for you where you are placed in a paid job for vocational training. The employer on your transition team may develop an interagency agreement with your school district to provide vocational assessments, vocational training, or employment for you in the third year of your transition plan.

Interagency Agreements act as the glue that holds your transition team together. These agreements bind your team members to perform certain work for you by a designated time. Also, Interagency agreements encourage your team members to think and plan specifically for job placements for you, or, to add other team members from the community who may have or who could develop job sites for you.

IV.

Describe community based instruction and how it relates to a school to work transition? What is the difference between career exploration and vocational training?

Community based instruction and career exploration describe the best job training methods to be pursued by your individual transition team. They represent similar approaches to vocational training. And, they all have one thing in common: the assurance tha the place where you will receive job training and develop job skills is in the community, not in the school; that as soon and as much possible you will experience onsite job placement and training. In some sense this approach eliminates traditional notions of pre-vocational training and reommend instead that all your job training will be specific to the permanent job that you will hold and the very specific job skills you will need. Parents of students with disabilities often complain of the students' lack of academic preparation. These represent traditional concerns for the future (further schooling or college_ of their students,a more realistic plan, however, does not end academic achievement when writing an IEP, but rather incorporates them into getting a job. For example, interpersonal skills, once thought only attainable in a classroom, develop instead out of learning to realte to one's work peers. Mathematical skills emerge from handling one's pay. In other words, community based insruction, career exploration, and a community referenced curriculum represent experiential (experienced-based) approaches to your learning and mastering a future job. So important is this teaching approach to your future that you should make sure it is known and followed by your individual transition team.

What does case management mean? Describe how a school to work transition might be case managed.

Your individual transition plan case manager has responsibility for the day to day progress of your plan as well as seeing to it that each goal and objective of your plan is realized. Your case manager will call for the annual IEP/ ITP meeting, set its agenda, make sure that team members receive assignments for specific tasks and objectives and that those tasks get completed. Case management means that your transition plan will be coordinated, that one team member takes responsibility for making sure interagency agreements are in order, that job sites are identified, that community based instruction is occuring, and that there is followup on all activities assigned to your transition team members in your plan.

Your case manager will work closely with you and will be available for discussion with your parents about your transitioning progress. Suppose one of your special education teachers also acted as your transition team case manager. He or she will keep up to date records on your transition plan and be the main point of contact person between yourself, your parents, and your team members. As he or she identifies job sites for community based vocational instruction for you, he or she will assist in teaching you the job skills you need, arrange for job coaches to be with you at work, communicate your progress to your rehabilitation counselor, explore and develop with you independent living skills: transportation to and from work, finding a living arrangement separate from your parents' home, and finding leisure time activities.

Your case manager will be one of your advocates or the person who speaks on your behalf and who best knows your work and can represent and

talk about your strong points to your employer and fellow workers, potential friends, transition team members, and your parents. Hopefully, in your school to work transition, you will have only one case manager. But, if you are not already employed upon graduation and require further vocational training or supported employment, your vocational rehabilitation counselor may take over as your case manager.

A. SCHOOL TO WORK TRANSITION CHECK LIST FOR A STUDENT WITH A DISABILITY - IN PLANNING AND PREPARING FOR YOUR SCHOOL TO WORK TRANSITION, BE SURE TO DO THE FOLLOWING:

____ begin your vocational record by collecting copies of your vocational assessments and discuss these with your teachers and parents

____ participate in job exploration in your community, by yourself and with your parents

____ discuss your employment future with your parents

____ discuss your employment future with your teachers

____ participate in organizing your individual transition planning team

____ participate in preparing your ITP (no later than age 16)

____ participate in setting a transition time line

____ participate in choosing a case manager for your individual transition team

____ encourage your teachers to sign contracts with your individual transition team members that they will remain on your team until you graduate from high school, and that they are assigned and will carry out specific planning objectives

____ participate in choosing an employer for your individual transition team

____ attend all your IEP/ITP meetings

____ participate in choosing a vocational rehabilitation counselor to be on your individual transition team

____ make sure your parents are on your individual transition team

____ express your vocational (job) goals to your individual transition team members

____ participate in choosing a residential specialist for your individual transition team

____ participate in the writing of interagency agreements that are to your satisfaction

____ encourage your teachers on your transition team to begin job development for you

____ encourage your transition team to make sure that the kind of vocational instruction you receive is community based - that your job skills are developed in a real job in the community, not just in the classroom

____ visit local sheltered workshops and day activity centers and spend some time talking to people who work there

____ encourage your individual transition team to place you in a real job as soon as possible

____ encourage your transition team to locate a job coach for you as soon as possible

____ participate with your vocational rehabilitation counselor in writing an Individualized Written Rehabilitation Plan

____ explore with your job coach all the areas in your community where you need to be more independent: transportation around town, where you will live, where you will spend your leisure time

____ ask to have any work evaluations shared with you and explained to you

____ ask for what you need

____ ask for what you want

____ advocate for yourself

Rosalie, High School

Because of where she lived in Albuquerque, Rosalie entered Manzano High School. Always, her parents had requested that she attend her IEP meetings. But, when she entered high school, they asked that Rosalie participate in the EA&R committee meeting and agree or disagree with her IEP objecitves. Her parents were determined that Rosalie's high school years be dedicated to locating her in a real job that she could continue after graduation. Almost all of her IEP meetings were dedicted to vocational and transition planning. Rosalie's parents had explored job possibilities with her but now requested that the school continue this effort by doubling the number of hours Rosalie spent in integrated, community-based instruction.

Crucial to her parent's efforts at this point was the assignment of a job coach to Rosalie's EA&R committee meeting. As her special education teacher located community job sites, her regular education teacher, integration aide, and job coach would break the job down into manageable tasks. Some of these tasks would be worked on in the classroom; the majority of them would be handled at the job site. Rosalie's job coach acted like a good right arm for her. He helped her get to a job site, worked onsite accessibility, and enabled her to be integrated into whatever work setting in which she found herself. At school her time spent in regular, integrated classrooms was greater than her time spent in special education classes. In fact, she was rarely removed from her regular classes. Now all teaching specialists came to her rather than vice versa. She continued her computer and Ki-Aikido classes as well as a variety of extra curricular (drama) and after school activities (electric keyboard club).

Rosalie's parents helped organize their community local core

transition team. Also, they were involved in a parent coalition lobbying effort to develop local funding for community-based instruction, job sites, and job coaches. They visited the local sheltered workshops where Rosalie might be able to work after high school graduation, Adelante and the Rehabilitation Center, Inc. But, they preferred a better than minimum wage job and an integrated work setting for Rosalie. In her EA&R committee meetings, her parents insisted that Rosalie learn independent living skills that would help her find, get, and keep a good job. With the assistance of her EA&R Committee members, Rosalie learned about and used the city's SunVan service. She learned to count and handle money in restaurants, theaters, buses, and banks. She visited a variety of group residential living arrangements and found that some of her school friends were working in the community and living away from their parents home. With her parents, she attended an advocacy training. She decided to join two local advocacy organizations, People First and the Coalition For Disability Rights. She attended their meetings, volunteered to help with mail outs, voted in organization activities and participated in a bus sit in for more accessible buses.

Also, through high school, Rosalie and her parents continued the "choice and sexuality information training" begun after her middle school years. Rosalie has boyfriends, and girlfriends, so sexual preference information became part of the IEP planning process, as well as appropriate sexual behavior, and information about sexual choice and sexually transmitted diseases and protection from them. By the time she graduated from high school, Rosalie was encouraged to make a list of sexual options and preferences. Discussions about sexuality and persons

with disabilities were conducted in Rosalie's special and regular education classes. Also, her job coach answered questions about Rosalie and sexuality for her parents, employers, friends, and work mates. In all these efforts, the emphasis, again, was on allowing and encouraging Rosalie to think about her future and make her own decisions.

B. SCHOOL TO WORK TRANSITION CHECK LIST FOR SCHOOL PERSONNEL - IN PLANNING FOR AND PREPARING A STUDENT WITH A DISABILITY FOR THEIR SCHOOL TO WORK TRANSITION, BE SURE TO DO THE FOLLOWING:

_____ know your responsibility under PL 94-142 and the amendments of 1983 and 1986

_____ have a clear understanding of the Developmental Disabilities Act of 1984, the Carl Perkins Act of 1984, and the Job Training Partnership Act of 1982

_____ be aware of the latest federal and state initiatives on school to work transition and Supported Employment

_____ be aware of the changes to the Social Security Act in 1986

_____ act on the LEA's responsibility to initiate a transition plan; assemble vocational assessments and incorporate an ITP into the IEP process for students with disabilities from 14-16 years of age

_____ establish a transition plan relationship with DVR, generally, and specifically for each student with a disability

_____ be aware of local supported work activities

_____ explore the options of interagency agreements between DVR and Regional Cooperative Centers

_____ perform periodic vocational assessments on students with disabilities for whom ITPs will be written

_____ initiate an on-going community job development program

_____ organize individual transition teams with a variety of school and community personnel

____ assign a case manager and a job coach to each individual transition team as soon as possible

____ make sure transition time lines are set with scheduled annual planning meetings and time-limited objectives assigned to specific team members

____ arrange for written contracts between transition team members that assign continuous agency or business responsibility and funding

____ encourage employers and residential living specialists to be members of individual transition teams

____ encourage DVR counselors to become members of individual transition teams early in the planning process

____ train parents in transition planning and about the goals and options of Supported Employment

____ include the disabled student and the parents in all planning meetings

____ develop vocational training options that are experientially (experienced) based and set in real jobs in the community

____ make sure that your students' individualized transition plans include mechanisms for transferral of case management after graduation

____ hire good job coaches from community non-profit agencies but also train and employ your own job coaches

____ discuss the relationship between the IEP, ITP, and IWRP with individual transition team members and the transferral of transition responsibilities to DVR after graduation

C. SCHOOL TO WORK TRANSITION CHECK LIST FOR PARENTS IN - PLANNING AND PREPARING FOR YOUR SON'S OR DAUGHTER'S SCHOOL TO WORK TRANSITION, BE SURE TO DO THE FOLLOWING:

_____ begin employment discussion with your child as early as possible

_____ frequently explore community employment options with your child

_____ be aware of the recommendations of your child's vocational assessments

_____ know your rights under PL 94-142 and the amendments of 1983 and 1986

_____ have a clear understanding of the Developmental Disabilities Act of 1984, the Carl Perkins act of 1984, and the Job Training Partnership Act of 1982

_____ be aware of the latest federal and state initiatives on school to work transiton and supported work (the Rehabilitation Act Amendments of 1986)

_____ know the goals of Supported Employment

_____ with your son or daughter, visit thelocal sheltered workshops and day activity centers and talk to some of the workers there

_____ be aware of the changes to the Social Security Act in 1986

_____ attend your son's or daughter's ITP meeting when he or she reaches age 14-16, and become a participating member of his or her individual transition team

_____ participate in assigning your son's or daughter's transiton team case manager and job coach as soon as possible

_____ investigate whether your community has a Local Care Transition Team, if not - advocate for one, if so - find out what its

responsibilities are and how it can help in encouraging local businesses develop supported work sites

_____ encourage your school to do parent training about transitioning

_____ participate in developing your son's or daughter's ITP time line and assigning specific objectives to team members

_____ participate in assigning an employer to your son's or daughter's transition team

_____ participate in assigning a residential living specialist to your son's or daughters transition team

_____ encourage the assignment of a DVR counselor to your son's or daughter's transition team as soon as possible

_____ encourage the writing of interagency agreements that are satisfactory to you, and contracts between your son's or daughter's transition team members that maintain them on the transition team until and after graduation

_____ attend all of your son's or daughter's IEP/ITP meetings

_____ encourage transition planning that job trains your son or daughter in a real job setting, not just in the classroom

_____ frequently discuss your son's or daughters employment progress and future with his or her job coach

_____ frequently discuss your son's or daughter's transition for Social Security benefits to wages with his or her job coach

_____ if necessary, participate in planning the transferral of transition responsibilitiesto DVR upon graduation; know the difference between an IEP, ITP, and IWRP

_____ advocate on behalf of your son or daughter for a permanent job

placement in an integrated setting, for at least 20 hours of work a week at more than minimum wage.

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PROBLEMS THAT NEED ADVOCACY:

Parents low employment expectation;

A lack of school to work transition planning beginning no later than age 16;

A lack of community-based local core transition teams;

A lack of a federal legal mandate to DVR or another state agency to provide transition services after high school graduation;

A lack of state or federal long term funding for job coaches and supported work;

A lack of supported work positions in local communities for community based instruction and permanent job placement.

A lack of understanding of supported work by LEA's, parents, DVR, local communities;

Exclusion in transition planning of persons with severe disabilities, persons who are chronically mentally ill, persons who are head injured, and persons with behavioral and sensory disorders;

A lack of professional credentials for and professional recognition of job coaches;

Rosalie, After High School Graduation

Upon graduation, Rosalie did not yet have a permanent job. The DVR Counselor or her EA&R Committee transferred Rosalie to her caseload before graduation. Also, this counselor worked with her EA&R Committee to maintain Rosalie's job coach. When she graduated, the DVR counselor wrote an Individualized work Rehabilitation (IWRP) with Rosalie targeted a specific computer sales store, where she had received some of her community-based instruction, as a probable job placement for her. The DVR counselors and the job coach approached the computer sales store employer. They proposed a job position for Rosalie where she would demonstrate a certain capability of the Apple Computer and a document print out. This was a job Rosalie had performed at this store with the assistance of her job coach while she was in high school. Her DVR counselor and job coach suggested one other component for this job. Rosalie would participate in inventory quality control.

The job coach broke these jobs down into single manageable tasks and performed them for Rosalie until she learned the routine. Her employer thought she was especially good at public relations - congenial, friendly, smiling. And, she was exceptionally good at team work when she worked with fellow employees on the inventory. Her job coach went to work with her everyday. They rode the Sun Van, and he taught her to register for a bus card and make a bus schedule.

Rosalie was the only person with a disability in the computer sales store. Her fellow employees became friends and, after several months, took over some of the onsite work provided by her job coach. Her employer was so pleased with the public response to Rosalie's work that

he agreed to pick up part of the expense for the job coach.

After a year at work, Rosalie's job coach helped her move into a group home. With her job, her friends, her Ki-Aikido and music groups, and her advocacy organizations, Rosalie was busy - just like everybody else. Her parents remained her guardians and stayed involved with Rosalie. Probably they would always manager her money, her Social Security Supplementary Income (SSI) and her Medicaid. Also, they used her money to purchase the assistance of a Personal Care Attendant (PCA) once or twice a week to help Rosalie with getting to and participating in her community activities. They maintained contact with her job coach who assisted them with any changes in Rosalie's government and medical benefits.

Rosalie was now 22. She used a hand-controlled battery-powered wheelchair, a communication board, a head pointer, and a lap computer. She had severe cerebral palsy, mental delay, and communication disorder. However, she was bright and alert and understood much of what went on around her. She required almost constant attention from some kind of personal attendant. She worked hard. She participated in and was an asset to her community. And, for the time being, she decided to have close boyfriends but remain celibate.

Appendix I Steps in Developing An Individual Family Service Plan

(1) A statement of the infant's or toddler's present level of physical development, cognitive development, language and speech development, psycho-social development, and self-help skills;

(2) A statement of the family's strengths and needs related to enhancing the development of the family's infant or toddler with a disability;

(3) A statement of the major outcomes expected to be achieved for the infant and toddler and family; the criteria, procedures, and timelines used to determine the degree to which progress toward achieving the outcomes are being made; and, whether modificiations or revisions of the outcomes are necessary;

(4) A statement of specific early intervention services necessary to meet the unique needs of the infant or toddler and the family, including the frequency, intensity, and the method of delivery of services;

(5) the projected dates for initiation of services and the anticipated duration of such services;

(6) the name of the case manager who will be responsible for the implementation of the plan and coordination with other agencies and persons;

(7) the steps to be taken supporting the transition of the infant or toddler with the disability to preschool services to the extent such services ar considered appropriate.

(MacGugan, Malach, Segel, Improving Services For Handicapped Indian Infants and Toddlers: A summary of Conference proceedings, May, 1988, p. 23).

Appendix II Forms and Paper Examples

GADSDEN INDEPENDENT SCHOOL DISTRICT
DEPARTAMENTO DE EDUCACION ESPECIAL

Fecha:_____

Estimado(a):_____:

Todos aquellos estudiantes que reciben servicios de educacion especial deben evaluarse de nuevo cada tres anos. Esto es un requisito del estado de Nuevo Mexico y comienza el proceso que determinara si es que su nino(a) debe continuar colocacion especial. Con su consentimiento, una diagnosta educacional y/o especialista vera a su nino(a)_____ _____. Pruebas de inteligencia, aprovechamiento, y estilo al aprendizaje tal vez se daran junto con cualquieras otras pruebas que serian util en indicarnos mas tocante al nivel y progreso actual de su nino(a). Se le invitara a discutir los resultados de la evaluacion y queda bienvendio a repasar el archivo de su nino(a) a cualquier hora que Ud. guste hacer cita.

Alguien se pondra en contacto con Ud. para obtener su permiso por escrito. Debido a la cantidad de estudiantes referidos, quizas haya una tardanza entre la fecha que Ud. reciba esta carta y la fecha que Ud. reciba una cita. Si tiene cualquier pregunta o interes con respecto a este proceso, por favor tomese la libertad de llamar a la escuela.

Le agradecemos su ayuda en trabajar con nosotros al continuar en planear para su nino(a).

Atentamente,

_____
Firma del Director de la Escuela

_____
Nombre del Estudiante

_____
Escuela

_____
Numero del Estudiante

_____
Telefono

_____
Fecha de Nacimiento

AVISO DE REFERIMENTO PARA RE-EVALUACION

Padre---Original Archivo del Estudiante---Copia

GADSDEN INDEPENDENT SCHOOL DISTRICT
SPECIAL EDUCATION DEPARTMENT

Date: _____

Dear: _____:

All students receiving special education services must be re-evaluated every three years. This is a State requirement and begins the process that will determine if your child should continue special placement. With your approval, your child _____ will be seen by an educational diagnostician and/or specialist. Tests of intelligence, achievement, and learning style may be given along with any other tests that would be useful in telling us more about your child's current level and progress. You will be invited to discuss the results of the evaluation and are welcome to review your child's records at any time you would like to make an appointment to do so.

Someone will contact you to obtain your written permission. Because of the number of students referred, there may be a delay from the time you receive this letter until an appointment is made. If you have any questions or concerns regarding this process, please feel free to call the school.

We appreciate your help in working with us to continue to plan for your child.

Sincerely,

_____
Principal's Signature

_____
Student's Name

_____
School

_____
Student Number

_____
Telephone Number

_____
Date of Birth

NOTIFICATION OF REFERRAL FOR RE-EVALUATION

Parent-Original Student File-Copy

GADSDEN INDEPENDENT SCHOOL DISTRICT

CONFIDENTIAL INFORMATION RELEASE FORM

I hereby give permission for all confidential educational or medical information on record at _____ (Agency) concerning my child _____ (Student's Name) _____ (Date of Birth) be released to

_____

_____

_____ Signature of Parent of Legal Guardian _____ Date of Signature

_____ Signature and Title of Witness _____ Date of Signature

_____ Interpreter _____ Date of Signature

****

DISTRITO ESCOLAR INDEPENDIENTE DE GADSDEN

FORMA DE REMISION DE INFORMES CONFIDENCIALES

Con la presente doy permiso que todos informes confidenciales educacionales o medicos registrados en _____ (Agencia) tocante a mi nino(a) _____ (Nombre del Estudiante) _____ (Fecha de Nacimiento) se remitan a

_____

_____

_____ Firma de Padre o Guardian Legal _____ Fecha de Firma

_____ Firma y Titulo de Testigo _____ Fecha de Firma

_____ Interprete _____ Fecha de Firma

GADSDEN INDEPENDENT SCHOOL DISTRICT
WEST WASHINGTON STREET
P.O. DRAWER 70
ANTHONY, NEW MEXICO 88021
DEPARTMENTO de EDUCACION ESPECIAL

A los padres de

Su niño(a) ha sido referido a nuestra oficina para exámenes educativos. La presente sirve para confirmar la cita hecha por mi secretaria para poder darle exámenes a su niño(a).

FECHA DE LA CITA: _____
HORA DE LA CITA: _____
LUGAR: _____

Por lo menos un padre (o guardían) debe acompañar a su niño(a) a la cita inicíal de exámenes. Pasare la primera hora explicándole el referimento y las pruebas que se usaran, tomando una historia completa del caso, y obteniendo su permiso para darle examenes. Entonces pasare dos a tres horas dándole pruebas a su niño(a). Despues de que se hayan completado los examenes, tomare el tiempo para explicarle los resultados de las pruebas y contestar cualquier pregunta que Ud. tenga.

Si tiene alguna pregunta tocante a la cita o necesita cancelar, por favor llámele a la oficinista de archivos de Educación Especiál al 882-5731. Esta cita es de mayor importancia al progreso educatívo de su nino(a). Falta de responder puede impedir este progreso.

El día de los examenes, por favor mande un lonche con su niño(a) pues no hay facilidades para proveérle comida del mediodía, y las pruebas seguidas continuan despues de la hora de comida.

Atentamente,

_____
Diagnosta Educacional Licenciada

Padre-1a. copia Escuela-2a. copia Archivo-3a. copia

GADSDEN INDEPENDENT SCHOOL DISTRICT
WEST WASHINGTON STREET
P.O. DRAWER 70
ANTHONY, NEW MEXICO 88021
SPECIAL EDUCATION DEPARTMENT

To the Parents of

Your child has been referred to our office for educational testing. This is to confirm the appointment made by my secretary so that I might test your child.

APPOINTMENT DATE: _____
APPOINTMENT TIME: _____
PLACE: _____

At least one parent (or guardian) must accompany the child for the initial testing appointment. I'll spend the first hour explaining the referral and tests to be used, taking a complete case history, and obtaining permission to test. I will then spend two to three hours testing your child. Once the testing is completed, I will take time to explain the test results and answer any questions you may have.

If you have any questions about the appointment or need to cancel, please call the Special Education records clerk at 882-5731. This appointment is very important to your child's educational progress. Failure to respond may hinder this progress.

On the day of testing, please send a sack lunch with your child, as we have no lunch facilities , and testing often goes beyond the lunch period.

Sincerely,

_____
Certified Educational Diagnostician

Parent-1st. copy School-2nd. copy File-3rd. copy

GADSDEN INDEPENDENT SCHOOL DISTRICT #16
ANTHONY, NEW MEXICO 88021
SPECIAL EDUCATION DEPARTMENT

HOME LANGUAGE PREFERENCE
Preferencia de Idioma del Hogar

Student Name / Nombre del Estudiante _____ Grade / Grado _____

Teacher / Maestro(a) _____ School / Escuela _____

Because we feel you are the best source for supplying the required information we ask your cooperation in filling out this questionnaire.
Please check one response for each question.
Lo consideramos a usted la persona más capacitada para dar la siguiente información. Le pedimos su cooperación en llenar este cuestionario.
Por favor marque una respuesta para cada pregunta.

Person completing questionnaire
Persona que responde al cuestionario

- Father/padre _____
- Mother/madre _____
- Guardian/guardián _____
- Brother/hermano _____
- Sister/hermana _____

1. What language(s) did your child speak first?
   ¿Qué idioma(s) habló su niño/niña primeramente?

2. What language does your child use most often?
   ¿Qué idioma usa su niño/niña casi siempre?

3. How much, if any, consistent schooling has he had in his home language?
   ¿Qué tanta escuela tiene en su primer idioma (en español o otro)?

4. How long has he lived constantly in an English-speaking culture?
   ¿Qué tanto tiempo ha vivido continuamente dentro de la cultura norteamericana?

5. How does he ask for something (by pointing or with words)?
   ¿Como pide el/ella algo? Apuntándolo o con palabras?

6. Can he tell you about an incident or event?
   ¿Le Puede platicar de un incidente or evento?

7. Does he talk a lot or a little?
   ¿Habla mucho o habla poquito?

HOME LANGUAGE PREFERENCE (cont.)
Preferencia de Idioma del Hogar (cont.)

Page 2
página 2

8. Does he ask questions?
¿Hace preguntas?

9. In what language(s) do you speak to your child?
¿En que idioma(s) habla usted al niño/niña?

10. Does he talk to brothers or sisters in the same way he talks to parents?
¿Habla con sus hermanos en la misma manera en que le habla a sus padres?

11. How does he tell you he's happy, and, angry, sick?
¿Cómo le avisa cuando está contento(a), enojado(a) o enfermo(a)?

12. Does he "gesture" a lot?
¿Hace movimientos expresivos (gestos) cuando habla?

13. Does he understand expressions, gestures, non-verbal cues?
¿Comprende expresiones o gestos que no llevan palabras?

14. Does he watch TV? In English? For how long at a time? Can he tell you in his own language, what happened in a TV show? Story?
¿Ve la televisión? ¿En inglés? ¿Por que tanto tiempo? ¿Le puede platicar en su propio lenguaje lo que paso en el programa de la televisión?

15. What language is most often used in the home?
¿Qué idioma se usa con más frecuencia en casa?

DISTRITO INDEPENDIENTE ESCOLAR DE GADSDEN
DEPARTAMENTO DE EDUCACION ESPECIAL

FECHA: _____

ESTIMADO(A): _____

Cuando un estudiante demuestra senales de que el/ella tiene problemas en la escuela o que el/ella pudiera beneficiar de algun tipo de ayuda especial, el/ella puede ser referido por un Equipo de Estudio del Nino para una evaluacion individual. Su nino(a)_____ fue considerado por el Equipo de Estudio del Nino y basado en_____
_____
(razon del referimento)

El/ella ha sido referido al Departamento de Educacion Especial para que se pueda juntar informacion adicional. Con su consentimiento_____, sera visto por una diagnosta educativa y/o especialista. Pruebas de inteligencia, aprovechamiento y estilo de aprendizaje tal vez se daran junto con cualquieras otras pruebas que serian util en indicarnos mas de su nino(a). Ud. sera invitado a discutir los resultados de la evaluacion y queda bienvenido a repasar el archivo de su nino(a) a cualquier hora que guste hacer cita.

Alguien se pondra en contacto con Ud. para hacer una cita para la evaluacion. Al mismo tiempo se le pedira su permiso por escrito. Debido a la cantidad de estudiantes referidos, quizas haya una tardanza entre la fecha que Ud. reciba esta carta y la fecha que Ud. reciba una cita. Si tiene Ud. cualquier pregunta o interes con respecto a este proceso, por favor tomese la libertad de llamar a la escuela.

Le agradecemos su ayuda al trabajar con nosotros en planear para su nino(a).

Atentamente,

_____ _____
Nombre del Estudiante Firma del Director de la Escuela

_____ _____
Numero del Estudiante Escuela

_____ _____
Fecha de Nacimiento Telefono

AVISO DE REFERIMENTO

Padre - Original Archivo del Estudiante - Copia

GADSDEN INDEPENDENT SCHOOL DISTRICT
SPECIAL EDUCATION DEPARTMENT

DATE: _____

DEAR: _____:

When a student shows signs that he/she is having problems in school or that he/she might benefit from some type of special help, he/she may be referred by the school Child Study Team for individual evaluation. Your child, _____, was considered by the school Child Study Team based on _____
_____.
(reason for referral)
He/She has been referred to the Special Education Department so that additional information can be gathered. With your approval, _____, will be seen by an educational diagnostician and/or specialist. Tests of intelligence, achievement, and learning style may be given along with any other tests that would be useful in telling us more about your child. You will be invited to discuss the results of the evaluation and are welcome to review your child's records at any time you would like to make an appointment to do so.

Someone will be contacting you to set up an appointment for the evaluation. At this time, you will be asked to give your written permission. Because of the number of students referred, there may be a delay from the time you receive this letter until an appointment is made. If you have any questions or concerns regarding this process, please feel free to call the school.

We appreciate your help in working with us to plan for your child.

Sincerely,

_____ _____
Student's Name Principal's Signature

_____ _____
Student Number School

_____ _____
Date of Birth Telephone

NOTIFICATION OF REFERRAL

Parent-Original Student File-Copy

Appendix III Glossary of Terms and Titles

Albuquerque Public Schools (APS), Local Education Agency (LEA) used as model for Transition Manual.

"Buddies," Students without disabilities assisting students with disabilities.

BIA/IHS, Bureau of Indian Affairs/Indian Health Services are responsible for planning and implementation of PL 99-457 for Native Americans living on Reservations.

Case Managers assign and follow through on IEP/ITP objectives, also IFSP and IWRP

Carl Perkins Act of 1984. Carl Perkins Vocational Education Act (PL 98-524) requires that all handicapped students enrolled in Voc. Ed. be given an assessment, career guidance, and accommodations in Voc. Ed. programs; 10% of state formula grant part A is to be used to provide Voc. Ed. for handicapped individuals as additional cost over Voc. Ed. expenditures (in N.M., used in post-secondary education only).

Center-based programs deliver services outside the home in a pre-school or school.

Child Find, LEA responsibility for locating infants, toddlers, and 3 and 4 year old children with disabilities.

Community-based Instruction (CBI), using real community sites rather than classroom to teach skill developmenta nd job tasks, experience-based teaching.

Denver Screening Test, used to determine type and level of disability in infants and toddlers.

Developmental Disabilities Act of 1984, (PL 98-527) addressed employment-related activities as a major funding priority and supported work as an employed-related activity.

Developmental Disability Waiver, money assistance for parents with developmentally disabled children for purchase of goods and services not covered by medicaid.

Division of Vocational Rehabiliation (DVR), lead agency in New Mexico responsible for school to work transition for persons with severe disabilities.

Educational Appraisal and Review (EA&R) Committee, responsible for development and implementation of Individualized Education plan, each student with a disability will be assigned their own committee.

Equal Opportunities for Disabled Americans Act (PL 99-643), established demonstration projects to remove disincentives to work for persons with disabilities.

Fair Labor Standards Act determines a variety of work standards for persons with severe disabilities who may receive less than minimum wage.

Functional Models accomplish learning objectives using activities of daily living in real life settings rather than teaching occurring only in the classroom.

Health and Environment Department (HED), in New Mexico is to assure that young adults with disabilities have access to full range of state services.

Home Based Programs delivery services inside the home, therapists work with infants and toddlers with disabilities at home.

Individual Family Service Plan (IFSP), recommended plan of service development and implementation for infants and toddlers with disabiliteis (PL 99-457).

Individual Education Plan (IEP), service developmental delivery plan for students with disabilities in public school.

Individualized Habilitation Plans (IHP), general service development and delivery plan for children with disabilities living in institutions.

Individualized Program Plans (IPP), specific service development and delivery plan for children with disabilities living in institutions.

Individualized Transition Plan (ITP), vocational plan for students with disabilities in public school, made part of yearly IEP at age 16.

Individual Transition Team, IEP/ITP group of experts developing and initiating an educational program for a student with a disability, transiton from one educational setting to another and, fainally to work.

Individualized Written Rehabilitation Plan (IWRP), developed by DVR and adult with disability as transition plan from school to work.

Instructional Component detail the specific educational objectives of the IEP.

Integrated, students with disabilities and students without disabilities taught in same classroom.

Integrated Centerbased, preschool that accommodates children with disabilites in classes with children without disabilities.

Interagency Agreements require the public schools and community service providers to work together on behalf of the IEP of a student with a disability.

Job Coaches assist students/adults with disabilities to break down a job into manageable tasks and learn them; they work with the student on the job site.

Job Training Partnership Act of 1982 (PL 97-300), provides funds from Dept. of Labor for interagency agreements that place students with disabilities in vocational training sites.

Least Restrictive Educational Environments (LRE), Mainstreaming, providing free and appropriate education for students with disabilities and teaching them as much as possible with students without disabilities in regular classes.

Local Community Transition Teams can identify work sites for students with disabilities and monitor their transiton progress from school to work.

Local Education Agency (LEA), local school (disrict) responsible for establishing EA&R's for students with disabilities.

Mainstream Model encourages students with disabilities to be taught with students without disabilities in regular classrooms, minimizes special education.

Medicaid, under Social Security, disability and health insurance assistance for persons with disabilities who do not receive Medicare benefits.

Medicaid Assistance can continue while a person with a disability is working, see Social Security Act: Sections 1619A and 1619B.

Multidisciplinary Team, the EA&R Committee, IEP/ITP team of experts developing and initiating transition from one educational setting to another and, finally, to work.

P.L. 94-142, Education for all Handicapped Children, 1976, requires physical and program access to all federally funded education programs, mainstreaming pre-school in LRE, free and approriate education, integration and transitioning.

Parent Infant Evaluation Team evaluates infants and toddlers with disabilities, recommends and carries out service prgramming; PIE makes recommendations for IFSP (PL 99-457).

Personal Care Attendant (PCA) assists persons with disabilities in activities of daily living, may live in with adult disability.

Placement in public school program begins for student with disabilities at kindergarten; placement are not always integrated.

Regional Cooperative Centers in New Mexico are located throughout the state; they can write interagency agreements with public schools for JTPA and vocational education placement for students with disabilities.

Residential Living Specialists assist students/adults with disabilities to move into independent living arrangements in the community.

Segregated, students with disabilities being taught only with other students with disabilities, see p. 29.

Side by Side Program, Albuquerque Public Schools only, a multi-level educational placement program for students with disabilities.

Social Security provides Medicaid, Medicare, and SSI benefits for persons with disabilities.

Social Security Supplementary Income (SSI) can be paid to persons with disabilities who do not work or whose work income is too low for adequate personal support.

Special Education Services are often separate or segregated education programs for student with disabilities, but may be therapy provided in a regular classroom setting.

State Department of Education (SDE) is responsible for providing a free and appropriate education for children with disabilities in the least restrictive environment.

Supported Employment work learned with assistance of a job coach and subsidized by state agencies or employers to provide 20 hrs. work a week at morre than minimum wage, in an integrated setting, for persons with disabilities.

Total Service Plan along with the Instructional Component makes up the IEP for a student with a disability.

Vocational Assessments evaluate work potential and possibility for students with disabilities, may be used to recommend vocational intersts or aptitude for ITP.

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